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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/670,620 09/25/2003		Jeffrey C. Swanson		10002929-3	6729	
TITLE OF INVENTION	N: SYSTEM AND METH	OD FOR MULTIPLE C	TCLE CAPTURE OF CR	ur sixie		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/18/2007
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	ل		
MASKULINSKI, MICHAEL C		2113	714-039000			
1. Change of correspond $CFR_1.363$).	ence address or indication	n of "Fee Address" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a			
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"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	lication (or "Fee Address" D2 or more recent) attach	Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Hewlett-Packard Development Company, L.P. Houston, Texas						
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🔘 Government						
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee	lo amali antitu diagonut m		☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.			
☑ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2025 (enclose an extra copy of this form).			
5. Change in Entity Sta	tus (from status indicated	l above)	overpayment, to Dep	osit Account Number	: <u>08-2025</u> (enclose ar	extra copy of this form).
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.						
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Authorized Signature	Thur	-h. rell	1		tober 18, 2007	
Typed or printed name Thomas Kelton				Registration No		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						
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